

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27124

State File No. _____

FILED SEP 1 1955

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>4387</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alfred</u>		b. (Middle) <u>Walton</u>		c. (Last) <u>Davis</u>	
4. DATE OF DEATH		a. (Month) <u>August</u>		b. (Day) <u>23</u>		c. (Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>3-17-1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>		11. IF UNDER 1 Hrs. Hours <u>0</u> Mins. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Couch, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Caranzo D. Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Rebecca Hill</u>			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Ray Davis, Thayer, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>				19. DATE OF OPERATION _____			
20. MAJOR FINDINGS OF OPERATION _____				21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-8-</u> , 19 <u>55</u> , to <u>8-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-20-</u> , 19 <u>55</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>John P. Ellum</u>				23b. ADDRESS <u>1001 Thayer</u>			
23c. DATE SIGNED <u>8-29-55</u>				24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>8-25-1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Couch Oregon Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Carter</u>			
DATE REC'D BY LOCAL REG. <u>Aug 24-55</u>				REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Carter</u>				ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Richard A. Carter

Licensed Embalmer No. 4516

P. O. Address Thayer, N.Y.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.